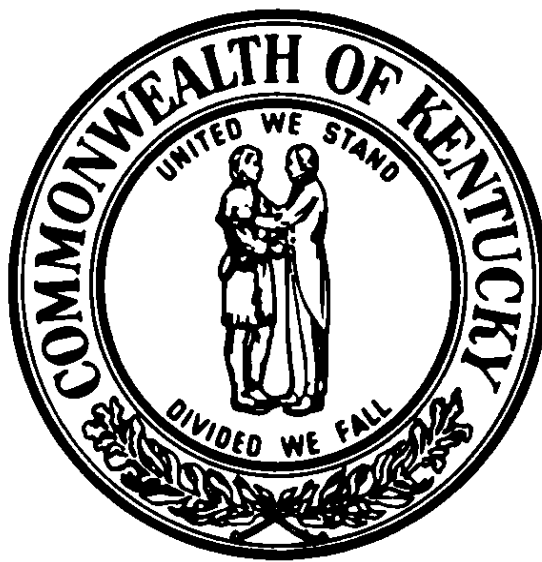


MINORITY AND WOMEN BUSINESS ENTERPRISE CERTIFICATION APPLICATION INSTRUCTIONS



**Governor Steven L. Beshear
Commonwealth of Kentucky**

**Administered by
Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex Room 395
Frankfort, Kentucky 40601
<http://mwbe.ky.gov>
502-564-8099**



**Commonwealth of Kentucky
Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex, Room 395
Frankfort, KY 40601**

GENERAL INSTRUCTIONS

1. **FILLING OUT FORM**: Attached in **blue** you will find the instructions for the application. Each question on the application has a corresponding explanatory sentence in the 'Application Instructions.' Please fill out the application pursuant to the guidance contained in the 'Application Instructions.' **If a question does not apply to your Business, please indicate 'Not Applicable' or 'N/A'.**
2. **DOCUMENTS**: Please note that the application includes documents that must be provided with the application. Some documents must be provided at the onsite review. The application will not be considered complete and will not be reviewed unless all of the documents that must be filed with the application are present. Upon receipt of a completed application, the Finance and Administration Cabinet (FAC) will confirm its receipt by email.
3. **ONSITE REVIEW/VISIT**: Upon filing of the application, staff from the FAC will evaluate the application and schedule an onsite visit (if necessary). The purpose of the onsite visit is to review additional documents and to confirm that the applicant satisfies all criteria, particularly business size, ownership and control. The applicant should be prepared to provide the necessary documents and to answer any and all questions that FAC personnel may have.
4. **CERTIFICATION COMMITTEE**: After the onsite visit is completed and all documents have been deemed to be in order the application will then be submitted for review to the Certification Committee of the FAC. The Certification Committee shall review the application and the recommendation from the certification staff. The committee will certify, deny or defer the application. When the committee defers an application, certification staff shall respond to the questions posed by the Certification Committee.
5. **APPROVAL**: If the Certification Committee approves the application, then your Business will be certified as a Minority or Women Business Enterprise (MWBE) by the FAC for three (3) years from the date of approval. If the Certification Committee denies the application, you may appeal pursuant to number 6 (below) or reapply at a later date.
 - a. Annually on the anniversary date of the date of the certification, each certified Business shall send a document to the FAC representing there have been no material changes to the Business that would disqualify it from the certification program.

- b. For Businesses relying on out-of-state certification as a basis for their eligibility to be certified by the FAC, please note that any certification by the FAC is dependent upon and contingent upon that Business maintaining the out-of-state certification.
6. **APPEAL RIGHTS:** If your Business is decertified or denied certification and you believe that the decision is erroneous, you can appeal to the Secretary of the Finance and Administration Cabinet. You will need to file your appeal with the Office of Equal Employment Opportunity (EEO) and Contract Compliance of the FAC within 30 days of the denial of certification in order for your appeal to be accepted. An appeal form may be downloaded from the Kentucky Minority and Women Business Enterprise Certification website at mwbe.ky.gov and should be mailed, along with any supporting documentation to:

Attn: MWBE Appeals Processing
Office of EEO and Contract Compliance
702 Capitol Ave, Room 395
Frankfort, KY 40601

The Secretary of the Finance and Administration Cabinet will issue a Final Order based on the appeal form and supporting documentation you submit. The Secretary's Final Order may accept, reject, or modify a denial of certification, or other decision, issued by the Certification Committee. The Secretary's Final Order is the final determination of the Finance and Administration Cabinet, which may be appealed to the Franklin Circuit Court.

7. **OPEN RECORDS:** Please be advised that the application of your Business and any other documentation that you file with the FAC MAY be subject to disclosure to anyone who makes a proper request to the FAC under the "Open Records Act", KRS 61.800, et seq. Generally speaking, portions of your application and other documents that are considered "personal" (KRS 61.878(1)(a)) or portions that may be "Confidential or Proprietary" MAY BE WITHHELD BY THE FAC. (See 10-ORD-001 & 99-ORD-220) The Office of General Counsel and the Office of EEO and Contract Compliance will attempt to rely on any DESIGNATION OF CONFIDENTIALITY OR PROPRIETARY INFORMATION made by you in responding to a valid Open Records request. Thus, you should clearly designate any information that you deem personal, confidential or proprietary as such, PRIOR to filing your application with the FAC. The FAC will also contact you to make you aware of any Open Records' requests that are made for your file.

Please be further advised that the statements contained in this paragraph are general restatements of the law and are for informational purposes only. Please understand that there is no substitute for good counsel from your attorney of choice on this issue PRIOR TO FILING YOUR APPLICATION. Only an Attorney hired by your Business and acting on its behalf can render your Business timely and appropriate legal advice that can be relied upon by your Business.

8. **NON-PROFIT ORGANIZATIONS:** Please contact the Finance and Administration Cabinet, Office of EEO/Contract Compliance at 502-564-8099 or Finance.MWBE@ky.gov for assistance and further instructions.
9. **APPLICATION PROCESSING:** Electronic copies of the application will not be accepted or processed. An altered version of the application will not be accepted or processed. The Finance and Administration Cabinet treats all applicants in the same manner to ensure equal, fair treatment. For this reason, your completed application will be reviewed and processed in the order of its receipt. Failure to provide all necessary information and documentation as required shall constitute the basis for denying certification.

APPLICATION INSTRUCTIONS

Section I. Program Eligibility

1. Majority of ownership means at least 51% owned by a woman or racial/ethnic minority (note: racial/ethnic minorities are African American, Hispanic American, Asian Pacific American, Subcontinent Asian American or Native American).
2. Please verify that the minority and/or women owners are citizens of the United States or Lawfully Admitted Permanent Residents of the United States.
3. Is your Business independently owned and operated? Is it located in the United States and not dominant in its field on a national basis? Does the Business operate primarily within the United States or make a contribution to the U.S. economy through the payment of taxes or use of American products, materials or labor? If the answer to all of these questions is 'yes,' then your Business qualifies as a Small Business. Check yes on question 3.
4. Is your Business (including any affiliates) within the size standard for its industry? The Business (including any affiliates) must not exceed the applicable size standards for its industry. To identify your size standard, match the 'Business Activity Code' (also known as the NAICS code) in your federal tax return to the list of size standards. Your size standard will be expressed either in millions of dollars or number of employees. For a complete list of size standards refer to: <http://www.sba.gov/content/table-small-business-size-standards> (Note: affiliates are business concerns and entities in which the women or minority owners hold an ownership interest or have the power to exercise control—directly or indirectly through a third party—over the business concern or entity).
5.
 - a. Have the minority or women owners owned and operated the Business for at least a full year (365 days) either calendar or fiscal? If so, check 'yes'.
 - b. Enter the date operations started.
 - c. Has the Business been continuously operating at least one year (365 days) either calendar or fiscal as evidenced by tax returns and other business records? If so, check 'yes'.
6.
 - a. Have the minority or women owners filed a Business tax return consisting of a full year (365 days), either calendar or fiscal? If so, check 'yes.'
 - b. Have the minority or women owners filed Business and personal tax returns for the most recently completed tax year? If so, check 'yes.'
7. Out of State Businesses ONLY: Does your business possess current certification as a DBE (Disadvantaged Business Enterprise), MBE (Minority Business Enterprise) or WBE (Women Business Enterprise) from a governmental certifying entity in its home state, i.e. the state where the principal place of business is located? If it does, check 'yes.'

Section II. General Information

1. Please list the official, legal name of the Business.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. Self-explanatory.
8. Does your Business have a web page? If so, please list its web address.
9. Please indicate under which legal structure your Business operates.
10. Please indicate whether your Business has elected to file taxes as an S-Corporation. Also, include the effective date of the election.
11. Please list any and all names that have been used previously for the same or substantially same Business and include the form of Business.
12. Please indicate whether your Business address is also the address of your principal residence.

13. Self-explanatory.
14. Please indicate whether your Business is formally registered with the Kentucky Secretary of State.
15. Please indicate how your Business was acquired/initiated.
16. Please indicate the Business's primary type of business.
17. Briefly explain the type of work that your Business would be performing if certified.
18. Please list the gross receipts for your business and any affiliates for the last three (3) fiscal years. (Note: affiliates are business concerns and entities in which the women or minority owners hold an ownership interest or have the power to exercise control—directly or indirectly through a third party—over the business concern or entity.)
19. Self-explanatory.
20. Please indicate the total number of full-time, part-time and temporary employees employed by your Business and any affiliates over the preceding 12 calendar months.
21. Please indicate whether your Business or any other Business with which you have been affiliated has filed for bankruptcy within the last three (3) years.
22. Please list your Federal Employer Identification Number (FEIN). **Do not list your social security number.**

Section III. Certification Information

1. Self-explanatory.
2. Please check the certifications currently held by your Business. **Self-certification programs are not recognized or accepted.**
3. List any and all denial(s) and/or decertification(s) that your Business has received while applying for or participating in a DBE, MBE or WBE program.

Section IV. Relationships with Other Businesses

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Immediate family members include the following: parents (including step-parents), spouse, children (including step-children) and siblings.
5. Please list the other businesses in which the minority or women owners hold an ownership interest. Also, include the name of the minority or women owners and their corresponding ownership percentage.

Section V. Ownership

Please answer the questions related to detailing your ownership interest(s) in the Business applying for certification. Attach separate sheets as needed.

Section VI. Control

1. Please list the Business's officers and board of directors as of the date of the application. If additional space is required, attach a separate sheet.
2. For each category, list the owners who possess and exercise decision-making authority in the areas listed and indicate whether the individual's involvement is 'Always', 'Frequently', 'Seldom' or 'Never'. Attach separate sheets as needed.
3. For each category, list the officers, directors, managers and key personnel—that are **NOT OWNERS**—who possess and exercise decision-making authority in the areas listed and indicate whether the individual's involvement is 'Always', 'Frequently', 'Seldom' or 'Never'. Attach separate sheets as needed.
4. Self-explanatory.
5. Self-explanatory.

6. Self-explanatory.
7. Self-explanatory.
8. Self-explanatory.
9. Self-explanatory.
10. Self-explanatory.
11. Self-explanatory.

Section VII. Affidavit of Certification.

Each owner claiming status as a woman or racial/ethnic minority must review and sign the affidavit.

Section VIII. Documents Checklist

A. Documents that must be provided with the Application

Check the appropriate box to indicate all documents have been submitted with the application.

1. Please provide copies of any and all certifications from governmental entities, e.g. Kentucky DBE Program and/or SBA 8(A) Program or state certification program. **Self-certification programs are not recognized or accepted.**
2. Please provide copies of any and all certifications from non-governmental entities, e.g. Women's Business Enterprise National Council or Tri-State Minority Supplier Development Council.
3. Please provide copies of certification denials, decertifications and appeal decisions
4. Please provide proof of racial/ethnic minority or female status, e.g. birth certificate, passport, tribal record/card, or driver's license.
5. Please provide current documentation reflecting U.S. citizenship or permanent residency, e.g. passport, birth certificate or residency documents.
6. Documents indicating the Business's entity status including but not limited to Articles of Incorporation, Certificate of Organization, or Assumed Name. We are interested in any and all documents related to this Business filed with the office of the Secretary of State or its equivalent if outside of Kentucky.
7. Please provide the current resumes/curriculum vitae for all individuals claiming racial/ethnic minority or female status. At a minimum, the resume/curriculum vitae must cover the past 5 years and include places of ownership/employment with corresponding dates. **A biographical sketch will not be accepted.**
8. Please provide documentary proof/evidence of ownership for all individuals claiming female or racial/ethnic minority status.
9. Please provide a list of the annual salaries, owner draws, owner distributions, shareholder distributions and bonuses for all individuals claiming racial/ethnic minority or female status and for all officers, managers, and directors. **Do not submit W-2 forms.**
10. Please provide proof of any transfers of assets.
11. Please provide a list of all employees including names, job titles, and dates of employment.
12. Please provide a list of the equipment (including office equipment) and vehicles owned, leased or made accessible to the Business.
13. Out of State Businesses ONLY: The FAC will request a copy of the Onsite Review conducted by the governmental certifying entity in your home state. Please provide the name and address of the certifying entity, name of contact person, telephone number and email address.

B. Documents that must be available for review during the Onsite Review - Self-explanatory.

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REMINDER: If a question does not apply to your Business, please indicate 'Not Applicable' or 'N/A'.

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The application and supporting documents should be returned to:

Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex, Room 395
Frankfort, KY 40601

If you have any questions please call us at 502-564-8099; for the hearing impaired, please call the Kentucky Relay Service at 800-648-6056 or 711.
Email inquiries can be sent to: Finance.MWBE@ky.gov